



OPERATION GREEN SWEEP FOR TEENS CURRENTLY IN 6TH - 12TH GRADES

Operation Green Sweep is looking for 6th to 12th graders who need to fulfill their volunteer hours. Pre-registration is required. All participants must meet at the Veteran's Building on Fridays to work on park projects at various park sites.

Duties include but not limited to clean up, trash removal, weeding, light painting, etc. Transportation will be provided to and from the parks. Shirts will be provided. Equipment will be provided to participants for different projects. Program will be held weather permitting.

- **FRIDAYS, APRIL 13 TO MAY 25, 2012**
- **3:30 P.M. TO 5:00 P.M.**
- **MEET @ VETERAN'S BUILDING (2203 CENTRAL AVE, ALAMEDA)**
- **COST: \$45 - INCLUDES UNIFORM SHIRT, TRAINING MANUAL AND TRANSPORTATION**



Teens are expected to be prompt, make a short-term commitment, learn communication skills and learn to plan ahead. All volunteers must meet at the Veteran's Building to receive their assignments. Do not be late as transportation is provided to take teens to their designated sites.

IF YOU MISS MORE THAN TWO DAYS, YOU MAY BE DROPPED FROM THE PROGRAM WITHOUT EARNING YOUR HOURS. PLEASE BRING A SNACK, WEAR WORK CLOTHES (NO SKIRTS OR OPEN-TOED SHOES) AND SUNSCREEN.

Please return completed form with payment (cash, check made payable to ARPD, MasterCard or VISA) to the Alameda Recreation and Park Department, 2226 Santa Clara Ave, Alameda 94501. FAX registrations accepted with VISA/MasterCard: (510) 523-4071. You may also register online at www.arpdeplay.com. ARPD reserves the right to cancel programs due to low enrollment. Alternate programs may not be available.

*I give my teen permission to participate in **OPERATION GREEN SWEEP** sponsored by the Alameda Recreation and Park Department on Fridays, April 13 to May 25, 2012*

CLASS #10601

TEEN'S NAME: _____ BIRTHDATE: ____/____/____ AGE: _____ GRADE: _____ ☐ MALE ☐ FEMALE
ADDRESS: _____ CITY: _____ ZIP: _____ HOME PHONE: (____) _____
TEEN CELL PHONE: (____) _____ TEEN'S E-MAIL ADDRESS: _____

UNIFORM SHIRT SIZE (Check One): ☐ ADULT SMALL ☐ ADULT MEDIUM ☐ ADULT LARGE

Please note: Registrations for children and teens requiring special attention are reviewed on a case-by-case basis with the Program Supervisor. Be sure to provide as much detail as possible, including any physical or emotional needs or medications involved. Recreation Department Staff do not receive specialized training for various special needs, but will work with individuals as appropriate to provide a positive experience.

ALLERGIES, MEDICAL PROBLEMS: _____

CURRENT MEDICATIONS: _____

MEDICAL RELEASE: *I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child in case of an emergency and in the event that I cannot be contacted.*

DOCTOR'S NAME _____ **PHONE** (____) _____

NAME OF INSURANCE _____ **GROUP OR POLICY NUMBER** _____

MOM/GUARDIAN NAME _____ **ADDRESS (if different)** _____

HOME PHONE (if different) (____) _____ **WORK PHONE** (____) _____ **CELL PHONE** (____) _____

DAD/GUARDIAN NAME _____ **ADDRESS (if different)** _____

HOME PHONE (if different) (____) _____ **WORK PHONE** (____) _____ **CELL PHONE** (____) _____

IN CASE OF EMERGENCY AND I CANNOT BE REACHED, PLEASE CONTACT: *(I understand it is my responsibility to provide current contact information)*

NAME: _____ **RELATIONSHIP:** _____ **HOME/CELL/WORK:** (____) _____

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES THE CITY OF ALAMEDA, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors. In addition, if transportation is provided to the activity, serious injuries could occur. Knowing these risks, I want (my child) to participate in this activity.
2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment thereon.
3. THE UNDERSIGNED HEREBY PERMITS the taking of photographs of themselves and/or the participant by the City of Alameda during recreation classes or activities to be used at the City's discretion.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

PAYMENT ENCLOSED: \$ _____ **CASH** **CHK#** _____ **MC/VISA** _____ **EXP DATE** _____